Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

Replaces Handbook 1302.1, dated September 29, 2000,

VHA HANDBOOK 1302.1
Transmittal Sheet
August 17, 2001

AGENT ORANGE REGISTRY (AOR) PROGRAM PROCEDURES TO INCLUDE ALL VETERANS EXPOSED TO AGENT ORANGE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook expands the Agent Orange Registry Program to provide registry examinations not only to the veterans who served in Vietnam between 1962 and 1975 and veterans who served in Korea between 1968 and 1969, but all other United States (U.S.) veterans who may have been exposed to dioxin or other toxic substances in a herbicide or defoliant during the conduct of or as a result of testing, transporting or spraying of herbicides for military purposes.

2. SUMMARY OF MAJOR CHANGES: It is VHA policy for VA medical centers to provide Agent Orange Registry examinations, consultations, and counseling to U.S. veterans who may have been exposed to dioxin or other toxic substances in a herbicide or defoliant during the conduct of or as a result of testing, transporting or spraying of herbicides for military purposes.

3. RELATED ISSUES: VHA Directive 1302, to be published.

4. RESPONSIBLE OFFICIALS: The Director, EAS (131), is responsible for the contents of this VHA Handbook. Questions may be referred to that individual at VHA Central Office**.** ***NOTE:*** *Questions relating to eligibility for VA care, including enrollment, are to be directed to the eligibility staff at each facility and on the Intranet at http://www.va.gov/health/elig*

5. RESCISSIONS: Handbook 1302.1, dated September 29, 2000, is rescinded.

6. RECERTIFICATION: This document is scheduled for recertification on or before the last working day of August 2006.

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DISTRIBUTION: CO: E-mailed 8/17/2001
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 8/17/2001

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AGENT ORANGE REGISTRY (AOR) PROGRAM PROCEDURES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook sets forth clinical and administrative procedures related to the maintenance of the VHA Agent Orange Registry (AOR) program of physical examinations for eligible, concerned, Vietnam veterans who served in the Republic of Vietnam between 1962 and 1975, veterans who served in Korea during 1968 or 1969, and any United States (U.S.) veterans who may have been exposed to dioxin, or other toxic substance in a herbicide or defoliant, during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides for military purposes.

2. AUTHORITY

a. Registry Examinations

(1) Under Public Law (Pub. L.) 102-585 (1992) Section 703, the Secretary of Veterans Affairs may provide, upon request, a health examination, consultation, and counseling to a veteran who is eligible for listing or inclusion in any health-related registry administered by the Secretary of Veterans Affairs that is similar to the Persian Gulf War Veterans Health Registry. Accordingly, the Department of Veterans Affairs (VA) provides registry examinations to veterans who served in Korea in 1968 or 1969, and/or any U. S. veteran who may have been exposed to dioxin, or other toxic substance in a herbicide or defoliant, during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides, and who requests an AOR examination. The results of such an examination will be included in the AOR.

(2) Furthermore, Pub. L. 100-687, "Veterans' Judicial Review Act of 1988," requires the Secretary of the Department of Veterans Affairs to organize and update the information contained in the VA AOR, enabling VA to notify Vietnam era veterans who served in the Republic of Vietnam of any increased health risks resulting from exposure to dioxin or other toxic agents. ***NOTE:*** *VA will continue to meet this mandate and extend it to include all other veterans who qualify for inclusion and participation in the AOR.*

b. Treatment Authority (Vietnam Veterans)

(1) Congress granted special eligibility for VA care to qualifying Vietnam veterans possibly exposed to dioxin during their service in Vietnam. In accordance with Title 38 United States Code (U.S.C.) 1710(a)(2)(F) and 1710(e)(1)(A), Vietnam veterans exposed to dioxin are eligible for hospital care, medical services, and nursing home care for any disability, notwithstanding that there is insufficient medical evidence to conclude that such disability may be associated with dioxin exposure. Thus, veterans who are not entitled to a presumption of service connection for a disability(s) may nonetheless have mandatory eligibility for VA health care for the disability if it is found by VA to be possibly associated to dioxin exposure during service in Vietnam.

(2) The special treatment authority is limited by statute to those veterans who:

(a) Served on active duty in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975.

(b) The Secretary of Veterans Affairs finds may have been exposed to dioxin and/or were exposed during such service to a toxic substance found in a herbicide or defoliant used for military purposes during such period; and

(c) Have conditions for which the National Academy of Sciences (NAS) found evidence of a possible association with herbicide exposure excluding gastrointestinal tumors (stomach cancer, pancreatic cancer, colon cancer, rectal cancer); and brain tumors for which the NAS found limited evidence of no association.

NOTE: *The special treatment authority (in 38 U.S.C. 1710(a)(2)(F), 1710(e)(1)(A)] discussed in subparagraph 2b(1)), does not extend to veterans who served outside of Vietnam and may have been exposed to Agent Orange or other herbicides during the conduct of or as a result of testing, transporting, or spraying of herbicides for military purposes.*

3. SCOPE AS TO VIETNAM VETERANS

Registry examinations must be provided to any Vietnam era veteran who served in the Republic of Vietnam between 1962 and 1975, regardless of length of service (i.e., 1 hour, 1 day, 1 month, 1 year, etc.). Verification of service during the Vietnam era is required. ***NOTE:*** *Inasmuch VA presumes that a veteran was exposed to phenoxy herbicides during any service in Vietnam, a verified claim of such in-country service constitutes the required contention of exposure and establishes eligibility for registry examinations within these provisions.*

4. REGISTRY EXAMINATIONS

The registry examination protocol for veterans exposed to dioxin or other toxic substance in a herbicide or defoliant is described in paragraph 14. ***NOTE:*** *Veterans eligible for inclusion in the AOR do not need to be enrolled in VA health care to receive the registry examinations. No copayments are required for the standard examination protocol or any associated medically appropriate follow-up diagnostic evaluations.*

5. EVALUATION OF CONDITION (VIETNAM VETERANS)

a. **Registry Examinations Findings.** Where the findings of the registry examination reveal a condition requiring treatment, it is essential that the responsible staff physician make a determination and document whether the condition is possibly related to Agent Orange exposure or resulted from a cause other than the specified exposure.

b. **Treatment.** Vietnam veterans seeking treatment for health conditions claimed to be related to Agent Orange exposure will be evaluated clinically by means of a physical examination and appropriate diagnostic studies (see par. 14).

(1) In making this determination, the physician must consider that the following types of conditions are not ordinarily considered to be due to such exposure:

(a) Congenital or developmental conditions; e.g., scoliosis.

(b) Conditions which are known to have existed before military service.

(c) Conditions resulting from trauma; e.g., deformity or limitation of motion of an extremity.

(d) Conditions having a specific and well-established etiology; e.g., tuberculosis, gout.

(e) Common conditions having a well-recognized clinical course; e.g., inguinal hernia, acute appendicitis, etc.

(2) Although the types of conditions listed in subparagraph 5b(1) are not ordinarily considered to be due to Agent Orange exposure, if the staff physician finds that a veteran requires care under this provision for one or more of those conditions, the physician is to seek guidance from the facility Chief of Staff (COS) and the Registry Physician (RP) regarding the authorization for treatment. The decision and its basis must be clearly documented in the medical record and chart by the RP.

6. ELIGIBILITY CRITERIA

a. Any U.S. veteran, male or female, who may have been exposed to dioxin or other toxic substances in a herbicide or defoliant during the conduct of, or as a result of testing, transporting or spraying of herbicides for military purposes, expressing a concern relating to exposure to herbicides, is encouraged to participate in the AOR Program, which includes a thorough medical examination.

b. Veterans are advised that participation in the AOR examination program does not constitute a formal claim for compensation. Although the results of such an AOR examination may be used to support a compensation claim, the examination will not, in and of itself, be considered such a claim. Veterans are advised of the routine procedure to file a claim through the Veterans Benefits Counselor (VBC) at the nearest VA facility, medical center, or regional office.

7. SPECIAL HEALTH CARE BENEFITS FOR CHILDREN OF VIETNAM VETERANS

a. Spina bifida (except spina bifida occulta) is presumptively recognized in the offspring of Vietnam veterans as due to herbicide exposure.

b. Title 38 U.S.C. Section 1803, provides benefits for children of Vietnam veterans who are born with spina bifida. VA must provide health care benefits for a child born with spina bifida or any disability that is associated with such condition. The term "child," with respect to a Vietnam veteran, means a natural child of the Vietnam veteran, regardless of age or marital status, who was conceived after the date on which the veteran first entered the Republic of Vietnam during the Vietnam era. ***NOTE:*** *The term "Vietnam veteran" means a veteran who performed active military, naval, or air service in the Republic of Vietnam during the Vietnam era.* The spina bifida conditions covered apply with respect to all forms and manifestations of

spina bifida except spina bifida occulta. ***NOTE:*** *For information about this program, contact the local regional office at 1-800-827-1000.*

8. PROGRAM MANAGEMENT

NOTE: *The RP, Registry Coordinator (RC), and health administration staff of each VA facility are often the first points of contact for veterans requesting registry examinations. They play a significant role in determining the perception veterans have concerning the quality of VA health care services and of their individual treatment by VA health care providers. These individuals should be well informed of the policies and procedures of this Agent Orange Program to provide good management and quality health care for this veteran population.*

a. **RP.** An RP and one or more alternates will be designated by the COS and approved by the Director at each facility.

b. **RC.** An RC and alternate(s) will be designated by administrative staff assigned by the facility Director. Final approval rests with the facility Director's office.

c. **RP and RC Listings.** Separate listings of the RPs and RCs are maintained by the Environmental Agents Service (EAS). In an effort to keep these listings current, facilities are mandated to notify EAS of changes as they occur in status of the RPs and RCs at their respective facilities and/or satellite clinics. These listings will include the name, title, mail routing symbol, address, commercial telephone, and FAX numbers with area code, and are to be submitted, in writing, to EAS (131), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420.

9. RP RESPONSIBILITIES

The RP is responsible for clinical management and will serve in an advisory capacity for the administrative management of the program. Major responsibilities include:

a. **Counseling.** The RP advises the veteran that the examination cannot detect the presence of dioxin in the body nor determine whether adverse health effects or potential health problems are related to Agent Orange.

b. **Documenting the Physical Examination.** ***NOTE:*** *If a compensation examination is performed for a veteran and the veteran requests inclusion in the AOR, it is not necessary to perform an additional registry examination as long as the demographic and medical information is sufficient to adequately complete the AOR code sheet for submission to the Austin Automation Center (AAC).* The RP must:

(1) Conduct and document the physical examination in the medical record and/or in the Consolidated Health Record (CHR) at the time of the visit.

(a) Perform a complete medical history to include information about:

1. Family;

2. Occupation;

3. Social history noting tobacco, alcohol, and drug use;

4. Civilian exposure to possible toxic agents; and

5. Psychosocial history.

(b) If a non-VA doctor diagnoses a veteran with a significant health problem, the veteran is encouraged to contact a VA medical center to include the diagnoses in the CHR and AOR.

1. This diagnosis must be submitted over a non-VA physician's signature and on official letterhead.

2. A code sheet identified as a "Type P, performed by a private physician for an examination conducted by a VA physician, " will be completed with this diagnosis and subsequently forwarded to the AAC for inclusion in the AOR.

(2) Review and complete Part I of VA Form 10-9009 (May 2001), Agent Orange Registry Code Sheet, if necessary (see App. F).

(3) Complete Part II of VA Form 10-9009 (May 2001) (see App. F).

(4) Review the records of every veteran examined to ensure that a complete physical examination was performed and documented.

(5) Personally discuss with each veteran the:

(a) Findings of the physical examination and completed diagnostic studies. ***NOTE:*** *The interview will be conducted in such a way as to encourage the veteran to discuss health concerns, as well as those of family members, as they relate to herbicide exposure. This information will be documented in the veteran's CHR.*

(b) Need for follow-up examination either recommended by the RP or requested by the veteran.

(c) Preparing and Signing Follow-up Letter. The RP will ensure that an appropriate personalized follow-up letter, explaining the results of the examination and laboratory studies, has been signed and mailed to the veteran (see App. C, App. D, and App. E). ***NOTE:*** *It is essential that this letter be written in language that can be easily understood by the veteran. Inappropriate wording could unduly alarm or confuse the veteran. A great deal of sensitivity and care should be exercised in the preparation of this correspondence.*

1. Follow-up letters will be mailed to the veteran within 2 weeks of the initial examination appointment. The only exception to this timeframe will be when a consultation at a specialty clinic is requested as part of the initial examination process. This exception suspends, but does

not remove, the requirement for the follow-up letter. The follow-up letter will be sent within 2 weeks after the consultation.

2. A dated copy of the follow-up letter must be filed in the veteran's CHR.

3. The follow-up letter must explain that:

a. If the veteran examined has no detectable medical problems, the follow-up letter should so indicate and suggest that the veteran contact the nearest VA health care facility if health problems appear later.

b. If it is determined upon examination that the veteran does have medical problems, it is not necessary to specify the problems in the letter. The veteran should be advised in the letter that the recent examination indicated a health condition and/or problem, which may require further examination and/or treatment. ***NOTE:*** *Depending on the seriousness of the condition identified, the RP should phone the veteran to discuss the examination findings. Clinical judgment should be exercised.*

c. If the veteran is eligible for VA medical treatment, the letter should so state and provide the name of a contact person, including telephone number, within the facility.

d. If the veteran is not eligible for VA treatment, the letter should recommend that the veteran contact your office or a VBC at your VA facility or Regional Office for further information.

e. If the problem(s) is (are) not necessarily related to possible Agent Orange exposure, the letter needs to explain that there is considerable research underway to learn more about the possible long-term health effects of Agent Orange exposure. Currently, the following conditions have been presumptively recognized as service connected (SC) for the treatment of veterans who were exposed to herbicide agents during service in Vietnam:

(1) Chloracne;

(2) Non-Hodgkin's lymphoma;

(3) Soft-tissue sarcoma;

(4) Hodgkin's disease;

(5) Porphyria Cutanea Tarda (PCT);

(6) Respiratory cancers (lung, larynx, trachea and bronchus);

(7) Multiple myeloma;

(8) Prostate cancer; and

(9) Peripheral neuropathy, transient acute and sub-acute.

NOTE: *Other conditions may be recognized in the future.*

d. **Reviewing records**. The RP reviews records of every veteran receiving an AOR examination to ensure that a complete physical examination was performed and documented and that the veteran has been appropriately notified of the examination results.

10. RC RESPONSIBILITIES

The RC is responsible for the administrative management of the program, including:

a. **Scheduling of Appointments.** Facilities are to make every effort to give each veteran an AOR examination within 30 days of the request date. ***NOTE:*** *Consideration should be given to offering examinations (initial and/or follow-up) on evenings or weekends to further convenience veterans.*

b. **Monitoring Timeframe Compliance**

(1) **Follow-up Letters.** Mail to veteran within 2 weeks of initial registry examination.

(2) **Registry Examination Appointment.** Schedule within 30 days of request date.

(3) **VA Staff (RC and RP) Changes.** Advise EAS, VHA Central Office (131) as staff changes occur.

(4) **Registry Code Sheets (VA Form 10-9009 (May 2001), Agent Orange Registry Code Sheet) for Initial and Follow-up Examinations**. Mail to the AAC by the workdays indicated in Appendix I.

(5) **Invalid Registry Code Sheets (VA Form 10-9009 (May 2001).** Correct and mail to the AAC 10 workdays following receipt from the AAC.

c. **Reviewing Records for Accuracy and Completion.** All required records, e.g., computerized or card file records, follow-up letters, transmittal forms, registry code sheets of veteran participants, and CHRs are to be completed and reviewed for accuracy.

d. **Collecting Data for Reporting Purposes.** Required registry data should be obtained from the veteran or family, entered on the AOR code sheets and submitted to the AAC for entry into the AOR dataset. The AAC will provide the AOR data reports to VHA Central Office based on VA facility input.

e. **Disseminating Information.** It is important that each veteran be fully advised of the AOR examination program. Facility staff are to fully communicate all aspects of the AOR examination program by an appropriate means, some of which are listed as follows:

(1) The RC is required to provide veterans reporting to the Outpatient and/or Admission area with a copy of the VA publication Agent Orange Review and upon request, or in response to

questions, the Agent Orange Briefs and Agent Orange – General Information. ***NOTE:*** *These publications and other informational materials are to be visible and accessible in prominent areas (outpatient clinics, admission areas, etc.) to ensure availability to Vietnam veterans, Korea veterans, and other interested individuals. Future issues of the Agent Orange Review will include information relating to use of the herbicide Agent Orange used by the Republic of Korea troops along the Korean Demilitarized Zone (DMZ) in 1968 and 1969 and during the conduct of, or result of testing, transporting, or spraying of herbicides for military purposes.*

(a) The Agent Orange Review is a VA EAS publication, published periodically, to provide information on Agent Orange and related matters to veterans, their families, and others with concerns about herbicides used during the conduct of, or the result of testing, transporting, or spraying of herbicides for military purposes. ***NOTE****: The Agent Orange Review should be included as a supplement to an application for examination.*

(b) The Agent Orange Briefs consist of a series of fact sheets prepared and distributed periodically to VA facilities by EAS, VHA Central Office, Washington, DC. The fact sheets are designed to answer questions relating to the purpose of the examination, its limitations (i.e., explains that the examination cannot detect the presence of dioxin in the body nor determine whether adverse health effects or potential health problems are related to exposure, etc.) and a variety of related matters.

(c) Veterans are to be provided the opportunity to view historical Agent Orange Program videotapes (available at VA medical center libraries) by making arrangements for viewing with the facility Librarian.

(2) The RC receives all Agent Orange-related inquiries and informs each veteran of the toll-free helpline (1-800-749-8387) for Agent Orange concerns.

(3) The RC provides copies of VA Agent Orange Briefs and Agent Orange Reviews (prepared and provided to VA facilities by EAS, VHA Central Office, Washington, DC) to all telephone callers.

(4) The RC posts and communicates the names, locations, and office telephone numbers of the RP and the RC to concerned VA facility staff. ***NOTE****: An appropriate method of communicating is the use of medical center memoranda providing registry policy and procedures including those responsible for carrying out these policies.*

f. **Maintaining a Computerized Record or Card file.** The RC must establish and maintain a computerized record (or alpha card file) of all registry participants. Each record prepared is to include the veteran's:

(1) Full name,

(2) Address,

(3) Telephone number,

(4) Date of birth,

(5) Social Security Number (SSN),

(6) Date of initial examination (including date submitted to the AAC for entry into the registry), and

(7) Date(s) of subsequent follow-up examination (including date submitted to the AAC for entry into the registry).

g. **Completing Code Sheet**. The RC completes Part I of VA Form 10-9009 (May 2001), before the veteran is referred to the clinician for the examination (see App. H), assuring its accuracy. To further ensure the form's completeness, the clinical examiner will review the form and, if necessary, enter missing items at the veteran's direction.

h. **Establishing and Updating the CHR**. The RC will establish a medical record if one does not already exist. VA Form 10-1079, Emergency Medical Identification, should be affixed to the front of the record and the word "Herbicides" circled. All veterans participating in the registry will have VA Form 10-1079 affixed to the front of the CHR. Completed VA Form 10-9009 (May 2001), dated follow-up letters, all medical records of registry examinations, and laboratory and/or test results will be maintained in the veteran's CHR. These are to be maintained in a separate section of the CHR, identified as AOR records.

i. **Tracking Active Duty Military**. Tracking active duty military personnel who apply for the AOR Examination.

11. ACTIVE DUTY MILITARY PERSONNEL

a. When active duty members of the uniformed services apply to VA facilities for an Agent Orange examination, the Department of Defense (DOD) must provide VA with appropriate authorization, i.e., DOD Form 1161, Referral for Civilian Care.

NOTE: *The requirements of M-1, Part I, Chapter 15, regarding the authorization and billing from the appropriate branch of service, apply.*

(1) The procedures for processing the examination are the same as those for a veteran participating in this program.

(2) A military facility may perform the Agent Orange examination according to VA instructions.

(3) Military facilities may obtain the pertinent VA Directive and samples of appropriate forms from the nearest VA facility. Military facilities will complete code sheets with exception of the following items, which will be filled in by VA coding clerks:

Blocks	Code Identifier
2-7	Facility number and/or suffix

149-153	County and state
228-242	Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) of the veterans symptom and/or complaint
277-291	ICD-9-CM for diagnoses
293-297	ICD-9-CM for neoplasia diagnoses

(4) The completed code sheet, copies of the physical examination, laboratory tests, etc., are to be forwarded to the nearest VA medical center or outpatient clinic.

b. The RC must:

(1) Prepare a computerized record (or a colored card) for the file, with similar data as for a veteran. Label the record or card "Active Duty;"

(2) Complete code sheet with identifier codes specified in subparagraph 11a(3);

(3) Submit a legible copy of the code sheet to the AAC, in accordance with instructions; and

(4) Maintain the medical documents and original code sheets in a CHR folder, which is to be available if, or when, the individual is discharged from the service and reports for treatment as a veteran.

12. INCARCERATED VETERANS

a. While VA does not have to provide health care to incarcerated veterans, it does have an obligation to provide registry examinations to those veterans. Examinations can be provided in VA facilities, assuming VA can provide this service safely and without disrupting care to other veterans at that facility, or by contracting this service out.

b. VA will not bill the Bureau of Prisons for the AOR examinations of incarcerated veterans.

c. For purposes of entry into the AOR, VA medical facilities can provide assistance to penal authorities or institutions agreeable to providing examinations at the penal institution, without VA reimbursement.

(1) Copies of Directives, code sheets, etc., will be provided to penal institutions upon request.

(2) Penal authorities must be advised at the time of such requests, that the results of the examinations provided at their institutions are to be returned to the VA medical facility of jurisdiction for inclusion, on the veteran’s behalf, in VA's AOR.

(3) A recommendation can be made to the penal institution to retain a copy of the examination documents submitted to VA. ***NOTE:*** *Such documents should be maintained by penal authorities until release of the individual from the penal institution.*

13. VETERANS WITH OTHER THAN HONORABLE DISCHARGES

The requirements of M-1, Part I, Chapter 4, paragraph 4.38, or appropriate Handbook and Directive, apply to veterans with other than honorable discharges applying for AOR examinations.

14. CONDUCTING THE PHYSICAL EXAMINATION

a. It is essential that a complete medical history, physical examination, and interview be performed and documented on appropriate medical record standard forms by, or under, the RP's direct supervision. If the veteran makes an informed decision to undergo prostate cancer screening, a digital rectal examination (DRE) of the prostate should be included as part of the physical examination of a male veteran.

b. The person actually performing the physical examination will be identified by signature and title (Doctor of Osteopathy (D.O.), Doctor of Medicine (M.D.), Physician's Assistant (P.A.), Nurse Practitioner, etc.). Examinations completed by someone other than a physician must be completed by medical personnel privileged to do physical examinations. A physician's countersignature (preferably the RP's) is required on all examinations completed by an individual other than a physician.

c. When an AOR examination is done as part of a Compensation and Pension (C&P) examination, the physical examination will be done by or under the direct supervision of the RP.

d. Special attention will be given to those organs and/or systems that may be affected by exposure to herbicides containing Agent Orange. Particular attention will be paid to:

(1) **Skin Examination**

(a) Detection of chloracne, a skin condition which has been associated with acute exposure to Agent Orange and other herbicides containing dioxin; and

(b) PCT, a disorder which is characterized by thinning and blistering of the skin in sun-exposed areas (only genetically predisposed individuals have been shown to develop PCT after exposure to dioxin).

(2) **Soft Tissue Sarcoma**

(3) **Lymph Nodes and Organs**

(a) Non-Hodgkin's lymphoma, and

(b) Hodgkin's disease.

(4) **Respiratory System**

(a) Cancer of the lung,

(b) Cancer of the larynx,

(c) Cancer of the trachea, and

(d) Cancer of the bronchus.

(5) **Hematologic System and Bone.** Multiple myeloma.

(6) **Prostate Cancer.** Screening of Vietnam veterans for prostate cancer:

(a) "Veterans and Agent Orange: Health Effects of Herbicides Used in Vietnam (1994)," "Veterans and Agent Orange: Update 1996," and "Veterans and Agent Orange: Update 1998," which are Institute of Medicine (IOM) reports, concluded that there is "limited and/or suggestive evidence of an association" between exposure to herbicides used in Vietnam and the development of prostate cancer. Because of the provisions of the law and the IOM findings, VA has established a presumption that prostate cancer is related to exposure to herbicides in Vietnam. As a result of the establishment of this presumption, it is anticipated that many Vietnam veterans will seek advice about screening for prostate cancer.

(b) While prostate cancer is one of the most serious malignancies for American men in terms of the number of cases and mortality, the value of performing screening tests on asymptomatic individuals remains controversial. The medical and scientific evidence supporting various screening tests is far from conclusive, and recommendations of major groups differ regarding prostate cancer screening.

(c) For instance, DRE has limited sensitivity and specificity for detecting early prostate cancer resulting in many false-positive and false-negative findings. Conversely serum Prostate Specific Antigen (PSA) is very sensitive for detecting prostate cancer, but it is not very specific, since it may be elevated with benign prostate conditions. More definitive evaluation of individuals with positive screening tests, such as the performance of transrectal biopsies, carries the risk of morbidity from the procedure, as well as causing anxiety for the patient.

(d) The ultimate benefit of early detection and treatment of prostate cancer in asymptomatic men is unclear. Prostate cancer may not become clinically important for many afflicted individuals; surgery and other treatments all carry significant risks of serious complications (including incontinence, impotence, and death) and optimal therapy is uncertain.

(e) Clinicians must respond to the values of the individual patient, which are based on the individual patient's background, experience, and perspective. Since Vietnam veterans may be eligible for compensation if they are diagnosed with prostate cancer, considerations other than purely clinical issues may be important to them. Clinicians need to be prepared to explain the available evidence, and deal with patient requests that may diverge from a path based exclusively upon scientific data.

(f) If a Vietnam veteran requests a prostate cancer screening exam (DRE, transrectal ultrasound, and/or PSA) after the controversy regarding the value of such testing has been explained, it is recommended that the RP honor the veteran's request.

(7) **Peripheral Nervous System.** Acute and sub-acute peripheral neuropathy.
***NOTE**: Peripheral neuropathy has been noted to develop after acute exposure to dioxin; however, there is no evidence that this persists beyond the sub-acute period.*

(8) **Diabetes (Type II)**

e. In gathering medical history data, it is important to determine and record:

(1) The time of onset of the veteran's symptoms or conditions,

(2) Intensity,

(3) Degree of physical incapacitation, and

(4) Details of any treatment received.

f. Each veteran is to be given the following base line laboratory studies:

(1) Chest X-ray (as determined to be medically necessary);

(2) Complete blood count;

(3) SMA-6, SMA-12, or equivalent blood chemistries and enzyme studies;

(4) Urinalysis; and

(5) Hepatitis C Screening (see Att. A and Att. B), with the patient's consent. ***NOTE:** Hepatitis C has particular import for VA because of its prevalence in VA's service population.*

g. Appropriate additional diagnostic studies will be performed and consultations obtained as indicated by the patient's symptoms, the physical examination, and the laboratory findings.

h. Non-routine diagnostic studies, such as sperm counts, will be performed only if medically indicated.

i. Laboratory test results must be filed in the CHR.

***NOTE:** RPs should not obtain blood or serum and/or adipose tissue for analysis of tetrachlorodibenzo-para-dioxin (TCDD). Surgical procedures will not be performed to obtain tissue for the purpose of TCDD analysis. Serum dioxin has no clinical value and is currently recommended only as a part of a well-designed research study.*

15. REPORTING REQUIREMENTS

a. **Code Sheet Submission**

(1) Reports Control Number 10-0102 applies to this reporting requirement.

(2) A monthly submission of VA Form 10-9009 (May 2001) will be made to the AAC, according to the mailing schedule (see App. I).

(3) Medical data is not to be attached to the submitted code sheets.

(4) One legible copy is to be sent to the AAC, and the original filed in the veteran's CHR.

(5) Code sheets are to be alphabetized by the veteran's last name.

(6) Two copies of VA Form 7252, Transmittal Form for Use in Shipment of Tabulating Data, are used to transmit code sheets.

b. **Monthly Statistical Report**

(1) Submit statistical information using VA Form 7252, as indicated (see example in App. J).

(2) The "cumulative count" figure is the total number of veterans who have had registry examinations for the calendar year.

(3) **Negative Reports.** Negative reports are not required; i.e., if there were no examinations or code sheets processed for the month.

c. **RP and RC Listings.** Separate listings of the RPs and RCs are maintained by EAS, VHA Central Office. In an effort to keep these listings current, facilities are required to notify EAS, VHA Central Office, in writing, of any changes at their respective facilities and/or satellite clinics.

d. **Forms Acquisition**

(1) Forms indicated in this handbook may be obtained from the Forms and Publication Depot through local channels. ***NOTE:*** *VA Form 30-7252 has been changed to VA Form 7252. The form itself has not been revised.*

(2) Facilities can use either form when submitting reports. VA Form 10-9009 is available on the Intranet at http://vaww.va.gov/forms/medical/searchlist.asp

16. RECORDS CONTROL AND RETENTION

a. **Records Control**

(1) A CHR must be established if one does not exist.

(2) A locator record must be created for the card file.

(3) VA Form 10-1079, Emergency Medical Identification, sticker must be affixed to the front of the CHR and the word "Herbicides" circled.

(4) The code sheet is prepared with one legible copy.

(a) The original code sheet and the laboratory test results, progress notes, dated follow-up letters, etc., must be filed in the CHR, and

(b) A legible copy of the code sheet must be sent to the AAC in Austin, TX, for entry into the AOR master record.

b. **Records Retention.** AOR examination documents become part of the patient's CHR, i.e., medical records, and are retained in accordance with VHA Records Control Schedule (RCS) 10-1. This includes:

(1) VA Form 10-9009,

(2) Progress notes,

(3) Laboratory reports,

(4) Patient locator cards,

(5) X-rays,

(6) Follow-up letters; and

(7) Any other documentation that may have been part of an AOR examination.

17. EDUCATION AND TRAINING

a. Current information on the status of the Agent Orange Program is to be presented to VA medical center staff (e.g., at staff conferences or grand rounds), veterans service organizations, and community groups. ***NOTE****: This is an excellent means of exchanging ideas in a continuing effort to update and provide quality management of the Agent Orange Program.*

(1) Historical videotapes may be utilized in orienting new employees, physicians, and any other personnel with this program responsibility.

(2) VA Agent Orange Briefs and Agent Orange Reviews, prepared and distributed periodically to all VA facilities by EAS, VHA Central Office, are another training resource. Current and back issues of this material are available on-line at http://www.va.gov/agentorange/default.htm.

(3) Telephone conferences with VA medical facilities are held periodically by EAS, VHA Central Office. ***NOTE:*** *Minutes of these telephone conferences, research journal reprints, current Agent Orange Briefs and Reviews and other education items are distributed to all VA facilities by EAS, VHA Central Office. In the near future, a Continuing Medical Education (CME) program guide for Agent Orange veterans' health will be issued. This will ensure that VA physicians are well informed regarding the latest developments on veterans' health issues.*

b. Education and training must ensure the successful accomplishment of the following goals for VHA staff. They will be able to:

(1) Communicate effectively with special program participants by understanding the individual needs of specific groups of veterans.

(2) Acquire an in-depth knowledge of the specific processes, designated responsibilities, and time standard requirements of the Agent Orange Program.

HEPATITIS C: STANDARDS FOR PROVIDER EVALUATION AND TESTING

1. PURPOSE. The Hepatitis C Testing and Prevention Counseling Guidelines for Department of Veterans Affairs (VA) Health Care Practitioners can be used to assist health care providers in VA medical centers who are counseling and testing their patients for the hepatitis C virus. We urge health care providers to use these guidelines in conjunction with the recommendations and reports provided by the Center for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). Additional copies of this document may be obtained by visiting the VA Medical Centers of Excellence in Hepatitis C Research and Education at the following Web address: http://www.va.gov/hepatitisc ***NOTE:*** *Contact the CDC Hepatitis C Division or the VA Centers of Excellence in Hepatitis C Research and Education for additional information.*

2. OBJECTIVE OF THE HEPATITIS C TESTING AND PREVENTION COUNSELING GUIDELINES. The Objective of the Hepatitis C Testing and Prevention Counseling Guidelines for VA Health Care Practitioners is to offer guidelines to providers in a variety of VA settings who assist veterans in identifying their hepatitis C status, provide education, and help facilitate behavior changes that will reduce their risk of acquiring or transmitting the hepatitis C virus.

3. IMPORTANCE OF THE HEPATITIS C TESTING AND PREVENTION COUNSELING GUIDELINES TO VA MEDICAL CENTERS AND THE VETERANS SERVED. The hepatitis C virus is a blood-borne virus that affects over four million individuals in the United States and is one of the leading causes of liver transplantation in this country. Studies conducted at VA medical facilities have shown a significant prevalence of hepatitis C infection among the veteran population. In response to the physical, social, and emotional challenges of being tested and counseled for hepatitis C, VA, through its Centers of Excellence in Hepatitis C Research and Education, have developed the following guidelines to assist health care providers who counsel and test patients for hepatitis C.

4. GOALS. The goals of hepatitis C testing and prevention counseling at VA medical centers are to:

a. Assist in the decision process to be tested for hepatitis C.

b. Provide education and information on hepatitis C, including transmission, treatment, and resources.

c. Assess patient risk and develop an individualized risk-reduction plan.

d. Prepare the patient for delivery and interpretation of test results.

e. Identify patients with hepatitis C and link them to medical resources and treatment.

f. Provide appropriate referrals to support services.

5. STAGES OF COUNSELING PATIENTS FOR HEPATITIS C

a. **Stage 1: Pretest Counseling**

(1) **Introduction to Testing**

(a) Discuss the VA's commitment to testing and screening for hepatitis C in response to the significant prevalence of hepatitis C infection among veterans.

(b) Reinforce with the patient that testing for hepatitis C is voluntary. Refusal by the patient to have a test performed will not impede the patient's access to health care.

(2) **Establish and Identify your Patient's Risk for Hepatitis C**

(a) Identify and discuss behaviors and history that may pose risk for hepatitis C.

(b) Document risk factors for hepatitis C.

(3) Utilize the VA Screening Guidelines for Antibody Testing for Hepatitis C.

(a) Patient desires to be tested, or

(b) One or more of the following risks are identified:

1. Vietnam-era veterans. ***NOTE:*** *As currently determined by dates of service or in the age range of 40 to 55 years.*

2. Blood transfusion before 1992.

3. Past or present intravenous drug use.

4. Unequivocal blood exposure of skin or mucous membranes.

5. History of multiple sexual partners. ***NOTE:*** *Defined as more than ten lifetime partners.*

6. History of hemodialysis.

7. Tattoo or repeated body piercing.

8. History of intranasal cocaine use.

9. Unexplained liver disease.

10. Unexplained and/or abnormal alanine aminotransferase (ALT).

11. Intemperate or immoderate use of alcohol. ***NOTE:*** *Defined as more than 50 grams (g) of alcohol per day for 10 or more years (roughly 10-14 grams of alcohol = 1 beer).*

NOTE: *These variables may be interrelated and are not necessarily independently related to risk for hepatitis C.*

(4) **Referrals.** Discuss referrals for voluntary screening and testing for other diseases that may share some risk factors with hepatitis C such as human immunodeficiency virus (HIV) and hepatitis B, particularly if the risk history reveals that the patient is engaging in the following:

(a) Unprotected sex with multiple partners, or a partner known to be infected with HIV or hepatitis B.

(b) Intravenous (I.V.) drug use, especially sharing works with others.

(c) Exchange of sex for money and/or drugs.

(5) **Work with Patient to Develop a Risk-Reduction Plan**

(a) Discuss ways to prevent transmission of the hepatitis C virus to self or others based on risk factors identified during the risk assessment.

(b) Based on risk factors identified, encourage the patient to undergo testing and screening for other conditions such as hepatitis B, HIV and sexually transmitted diseases (STDs) and provide possible referrals for testing and screening.

(c) Address strategies to reduce risk based on the Centers for Disease Control and Prevention guidelines.

(6) **Assess Patient's Readiness and Resources for Prevention of Hepatitis C Virus Infection and Transmission**

(a) Inquire into patient's ability and willingness to minimize infection and perceived self-efficacy in prevention of infection.

(b) Discuss any cultural issues and/or barriers that prevent the patient from reducing risk of hepatitis C virus infection, including previous attempts at preventive behaviors that were unsuccessful.

(c) Based on the individual risk for hepatitis C virus infection, assist the patient in identifying and generating risk-reduction strategies that the patient would be comfortable using, such as utilizing needle-exchange programs in the community instead of reusing needles.

(d) Provide information and referrals if necessary that may assist the patient in reducing risk for hepatitis C such as chemical dependence counseling and/or support groups.

(7) **Decision.** Assist patient with the decision to be tested for hepatitis C. ***NOTE:*** *Use risk assessment and risk-reduction plan as a guide. If patient does not decide to test, provide written information and document decision and pertinent risk factors discussed.*

(8) **If patient decides to test, proceed with the following steps:**

(a) Discuss testing methods and procedures

1. Testing is voluntary.

2. Refusal to have a hepatitis C antibody test performed will not impede the patient's access to health care.

3. Explain to the patient that blood will be drawn and tested for the hepatitis C antibody.

4. Explain conditions of confidentiality. Emphasize to patient that the result of the test will be stored in the patient's medical chart. Any illegal or unauthorized use of the hepatitis C test result, or any other aspect of the patient's medical history, is strictly prohibited by VA.

(b) Briefly discuss the natural history of hepatitis C.

1. The majority of people with hepatitis C present with few or no symptoms, but many of these people can still transmit the hepatitis C virus.

2. Many people develop chronic hepatitis C infection and a subset of this population may develop significant liver disease.

3. The antibody can be detected in roughly 80 percent of patients within 15 weeks of exposure and >97 percent within 6 months of exposure.

4. Elevated liver enzymes such as serum alanine aminotransferase (ALT) are usually the first indication of infection, but normal liver enzyme levels do not indicate resolution of hepatitis C virus infection.

(c) Discuss some ways in which hepatitis C is not spread. According to the Centers for Disease Control and Prevention, the hepatitis C virus is not spread by:

1. Sneezing,

2. Coughing,

3. Hugging,

4. Food or water,

5. Sharing eating utensils or drinking glasses, or

6. Casual contact.

(d) Discuss the advantages and disadvantages for the patient of knowing the patient's own serological status:

1. **Advantages**

a. Patients may find reassurance in knowing their test results.

b. Education on transmission prevention for those who test positive can help prevent transmission to family members, sexual partners and others.

c. The patient can develop strategies to keep the liver healthy. For example, through the avoidance of alcohol and certain drugs that are hepatotoxic, the patient can prevent additional damage to the liver.

d. The patient may develop a better awareness of the risk for other types of viral hepatitis such as hepatitis A and hepatitis B and be vaccinated against those diseases, if appropriate.

e. Early diagnosis and additional tests can help the practitioner refine the diagnosis, as well as determine the severity of liver injury caused by hepatitis C.

f. Although there is neither a predictable cure nor vaccine for hepatitis C, treatments are currently available.

2. **Disadvantages**

a. The patient may experience anxiety related to being tested, regardless of the test outcome.

b. There is neither a vaccine nor a predictable cure for hepatitis C. While there are treatments, these medications are still being tested and refined. Therefore, being tested and found positive will not ensure that treatment will work for the patient.

c. The patient needs to be informed that testing positive for hepatitis C could potentially cause:

(1) Disrupted personal relationships.

(2) Inability to obtain life and health insurance.

(3) Difficulties in employment or educational opportunities.

d. The majority of individuals who are diagnosed with hepatitis C are chronic carriers of hepatitis. The patient may experience psychological and physical distress related to being diagnosed with a chronic illness.

(e) Prepare patient for possible test result outcomes and post-test counseling.

1. The patient will receive one of the following test results: negative, positive or indeterminate. Explain that possible retesting may be needed depending on the result outcome and risk factors.

2. Refer to the Hepatitis C Antibody Screening Flow Chart for the Veteran Population (see page A-9).

3. Discuss the limitations of the enzyme-linked immunoabsorbent assay (ELISA). ***NOTE:*** *Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. Morbidity and Mortality Weekly Report (MMWR). 1998; 47(No. RR-19): 18: 10-12.*

a. The newer version of the ELISA has a sensitivity of greater than or equal to 97 percent. This means that the test will detect antibodies in infected patients approximately 97 percent of the time. ELISA will fail to detect antibodies in patients about 3 percent of the time.

b. The false positive rate for the ELISA test is variable. It is important to point out that falsely positive tests may occur. This happens more frequently in groups of people who have a low risk of exposure to hepatitis C. Thus, if the ELISA test is positive, a confirmatory test must be performed.

c. The hepatitis C antibody can be detected in roughly 80 percent of patients within 15 weeks of exposure and >90 percent of patients within 5 months of exposure, and in greater or equal of 97 percent of patients by 6 months after exposure. Blood drawn during the period of initial infection and emergence of antibodies may yield false-negative test results.

d. False-negativity sometimes occurs in those with hepatitis C who are immunocompromised.

e. Presence of antibodies does not differentiate between acute, chronic or resolved infection.

4. Discuss the reliability of the antibody test, and the need for confirmation of test results.

a. Discuss the sensitivity of tests used to diagnose infection. The newer version of the ELISA has a sensitivity of greater or equal than 97 percent. This means that the test will detect antibodies in infected patients approximately 97 percent of the time. The false positive rate of the ELISA test is variable. This means that the test result will occasionally be positive but the more reliable confirmatory test shows no evidence of hepatitis C infection.

b. Address the possible need for supplemental testing such as recombinant immunoblot assay (RIBA) or with polymerase chain reaction (PCR). RIBA is a highly specific test. It is useful in minimizing false-positive results in a low-risk population for infection (e.g., blood donors). PCR identifies hepatitis C virus ribonucleic acid (RNA).

5. Discuss the need for possible confirmation of positive test results or indeterminate results through supplemental testing such as RIBA or PCR.

a. RIBA is a highly specific test. It is useful in minimizing false-positive results in a low-risk population for infection (e.g., blood donors).

b. PCR identifies hepatitis C virus RNA and is highly sensitive, but has not been approved by the Food and Drug Administration (FDA).

c. RIBA and/or PCR for hepatitis C virus RNA may be required in a high-risk population for infection, e.g., injection drug users with normal liver function tests.

6. Schedule a return date to meet with physician, nurse, or counselor to discuss test results and schedule appropriate follow-up appointments. ***NOTE:*** *Each VA medical facility should have a knowledgeable health care professional to provide results and education in a confidential manner. This person should also be available for the patient during the waiting period for test results. Ideally, this person should be a trained counselor who is skillful at providing test results such as a physician, nurse, and/or HIV counselor.*

7. Emphasize the need for the patient to return to clinic for the test result on the scheduled date.

8. Encourage the patient to contact the VA medical center prior to the return appointment if the patient has any questions and/or concerns relating to the testing process.

(e) Provide written information on hepatitis C testing and prevention counseling. ***NOTE:*** *See Attachment C.*

1. Reinforce and supplement testing, prevention counseling and education.

2. Provide the patient being tested for the hepatitis C antibody with current and accurate information and appropriate risk-reduction activities.

b. **Stage 2: Post-Test Counseling**

(1) Inform the patient of the test result. Assist the patient in understanding the meaning of the test result.

(a) Negative Result

1. A negative result means that the test did not detect hepatitis C antibodies in the blood, suggesting that the patient is unlikely to be infected with the hepatitis C virus unless the patient is immunocompromised.

2. Explain to the patient that the antibody tests are not fail-safe and can yield incorrect results, especially in persons who are immunocompromised. In certain cases, additional testing may be necessary.

3. Evaluate the patient's emotional status upon receiving test result.

4. Suggest the necessity of retesting if exposure was recent (within 6 months) and the patient is in a high-risk category (e.g., recent history of injection drug use).

5. Suggest the need for testing for hepatitis C virus RNA if the patient is immunocompromised.

6. Allow time for the patient to ask questions regarding test result and assess the patient's comprehension of the test outcome.

7. Reinforce risk-reduction plan discussed in pretest counseling session.

8. Provide educational materials on hepatitis C prevention and risk-reduction strategies.

9. Discuss resources available to patient within the VA health care system and community.

10. Strongly encourage patient to utilize mental health, substance abuse programs and other resources and/or referrals at VA medical centers and Vet centers.

11. Provide a list of resources within the VA health care system and community that may address the needs of the patient.

12. Document post-test counseling, risk-reduction plan discussed and referrals made.

(b) Indeterminate Result. This means that it is uncertain as to whether or not the patient has hepatitis C. The patient could be in the process of forming antibodies, or other viral or immune factors are present that are not related to hepatitis C. In addition, this result could indicate a laboratory processing error.

1. Additional screening and/or antibody testing is needed to make a formal diagnosis.

2. Document post-test counseling, risk-reduction plan discussed and referrals made.

(c) Positive Result

1. Inform the patient that antibodies were detected in the patient's blood, suggesting that the patient may be infected with hepatitis C virus. This result does not indicate whether infection is acute, chronic, resolved or an incorrect result.

2. Evaluate the patient's emotional status upon receiving test result.

3. Discuss the necessity for confirmatory testing. Explain to the patient that the antibody tests are not fail-safe and can yield incorrect results.

4. Discuss the natural history of hepatitis C, emphasizing that while the virus can cause significant morbidity and impair the quality of life, only a minority of infections leads to life-threatening complications.

5. Discuss how the virus is transmitted.

6. Discuss how the virus is not transmitted.

7. Discuss resources available to patient within the VA health care system and in the community. Identify VA resources for further assessment, evaluation and support.

8. Provide a list of resources for the patient within the VA and in the community.

9. Discuss issues of disclosure such as notifying others, e.g., household members, sexual partners, and health care providers.

10. Emphasize and illustrate ways to maintain wellness such as the following:

a. Avoid alcohol.

b. Practice good nutrition.

c. Exercise.

d. Encourage patient to check with the health care provider before beginning new medications including herbal treatments.

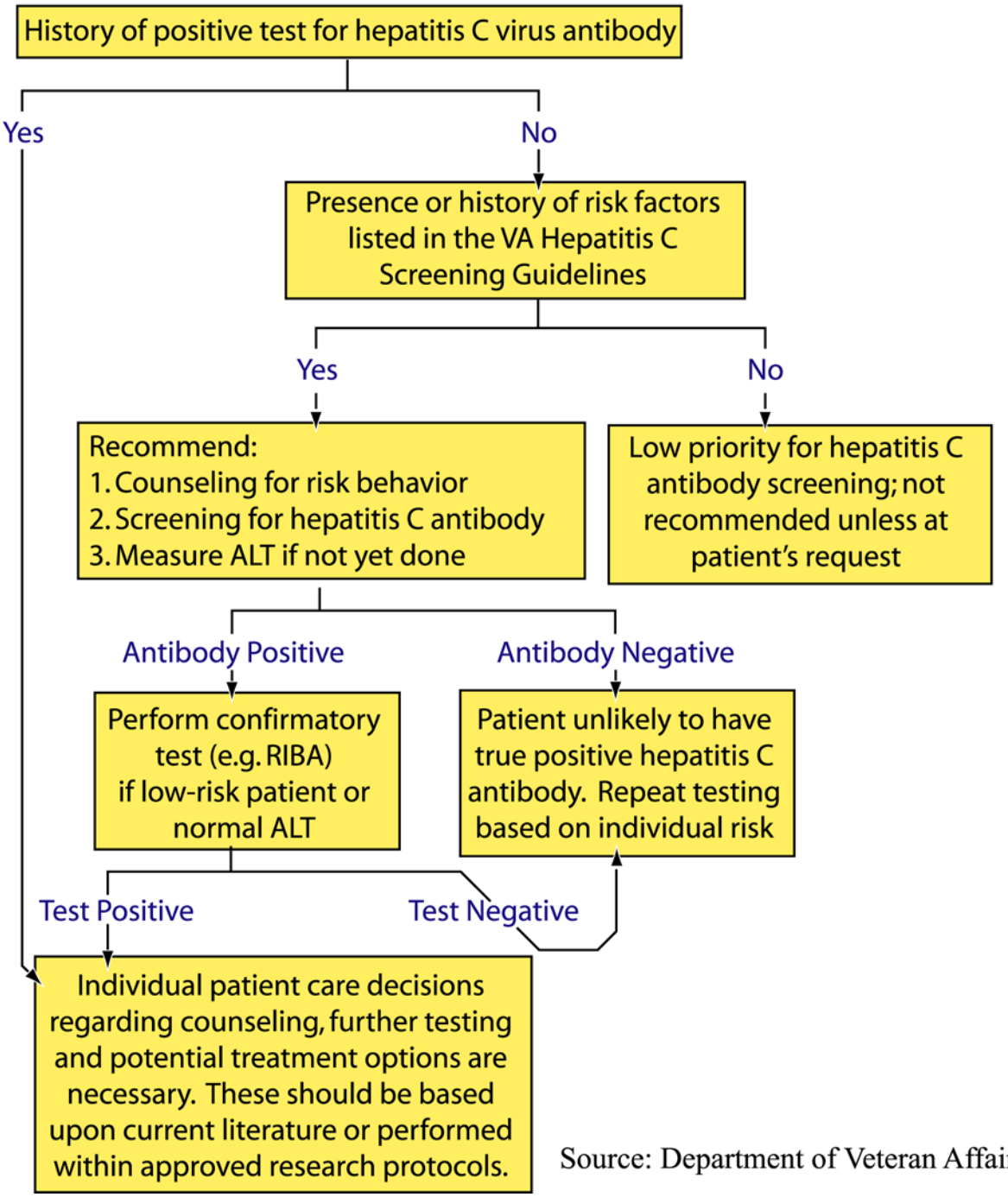
e. Encourage the patient to get vaccinated against hepatitis A and hepatitis B to prevent superimposed infections if the patient has not had these illnesses or been vaccinated previously.

11. Identify when the patient will return for confirmatory testing and/or medical evaluation.

12. Explain to the patient that supplemental tests may help refine the diagnosis.

13. Encourage patient to discuss results with all sexual or I.V. drug-sharing partners. Make recommendations for partner testing and where testing is available. Provide a list of resources within the community for partner or family testing.

Hepatitis C Virus Antibody Screening Flow Chart for the Veteran Population



Source: Department of Veteran Affairs

14. Document post-test counseling, risk-reduction plan discussed and referrals made.

6. PREVENTION MESSAGES FOR PERSONS WITH HIGH-RISK DRUG OR SEXUAL PRACTICES. ***NOTE:*** *Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. MMWR 1998; 47(No. RR-19): 18.*

a. **Persons who Use or Inject Illegal Drugs Should be Advised to:**

(1) Stop using and injecting drugs.

(2) Enter and complete substance-abuse treatment, including relapse prevention programs.

(3) Get vaccinated against hepatitis B and hepatitis A.

b. **If Persons are Continuing to Inject Drugs, They are Advised to:**

(1) Never reuse or "share" syringes, needles, water, or drug preparation equipment; if injection equipment has been used by other persons, to first clean the equipment with bleach and water;

(2) Use only sterile syringes obtained from a reliable source (e.g., pharmacies);

(3) Use a new sterile syringe to prepare and inject drugs;

(4) Use sterile water to prepare drugs; otherwise, use clean water from a reliable source (such as fresh tap water);

(5) Use a new or disinfected container ("cooker") and a new filter ("cotton") to prepare drugs;

(6) Clean the injection site before injection with a new alcohol swab;

(7) Safely dispose of syringes after one use.

c. **Persons Who are at Risk for Sexually Transmitted Diseases should be Advised:**

(1) That the surest way to prevent the spread of HIV infection and other sexually transmitted diseases is to have sex with only one uninfected partner or not to have sex at all.

(2) To use latex condoms correctly and every time to protect themselves and their partners from diseases spread through sexual activity.

(3) To get vaccinated against hepatitis B, and if appropriate, hepatitis A.

7. CDC RECOMMENDATIONS FOR PATIENTS WHO RECEIVE POSITIVE HEPATITIS C VIRUS TEST RESULTS

a. **Protect the liver from further harm**

(1) Avoid alcohol consumption.

(2) Do not start new medications, including herbal or over-the-counter medications, without consulting a physician.

(3) Get vaccinated for hepatitis A if liver disease is present.

b. **Minimize the risk of transmission to others**

(1) Do not share appliances that may have blood on them, such as toothbrushes, dental appliances, razors, nail clippers, etc.

(2) Cover sores or open wounds on the skin to prevent spreading of infectious blood or secretions.

c. **Persons with hepatitis C who have one long-term steady sex partner do not need to change sexual practices**

(1) Explain that the risk of transmitting the virus to the uninfected partner is low, but not absent.

(2) Discuss the risk with the partner and the possibility of the need for counseling and testing.

(3) Discuss the consistent and effective use of barrier precautions, e.g., latex condoms, which may further lower the risk of transmission.

d. **Persons with hepatitis C should be evaluated for the presence or development of chronic liver disease**

(1) Assess biochemical test results for evidence of liver disease.

(2) Assess the severity of liver disease.

(3) Discuss and evaluate possible treatment strategies according to current practice guidelines with a knowledgeable specialist.

e. **Other important counseling points**

(1) Hepatitis C is not spread through food or water, nor by sneezing, hugging, coughing, sharing eating utensils or drinking glasses, or casual contact.

(2) Persons with hepatitis C should not be excluded from participating in normal, every day activities, such as work, school, play, childcare, etc.

(3) Hepatitis C support groups may help and educate the patient in dealing with the infection.

SAMPLE QUESTIONS FOR CLINICIANS TO USE DURING RISK ASSESSMENT FOR HEPATITIS C

NOTE: *Questions 14, 15, 16, and 17 are alcohol related questions (CAGE) Questions.*

1. Why did you come to be tested for hepatitis C?

2. Have you ever been tested for hepatitis C in the past?

Yes____ No____ Don't know____ Declines to answer____

If yes, when? _____

3. Have you ever received a blood transfusion or blood products before 1992?

Yes____ No____ Don't know____ Declines to answer____

If yes, were you notified by a hospital that the blood product you received was from a donor suspected of having been infected with the hepatitis C virus?

Yes____ No____ Declines to answer____

4. Have you ever injected drugs?

Yes____ No____ Declines to answer____

If yes, do you currently inject drugs?

Yes____ No____ Declines to answer____

5. Have you ever snorted cocaine?

Yes____ No____ Declines to answer____

6. Do you use latex condoms and/or other barrier methods every time you engage in sexual activity?

Yes____ No____ Declines to answer____

7. Have you ever been tested for the human immunodeficiency virus (HIV)?

Yes____ No____ Declines to answer____

8. How many sexual partners have you had (lifetime)?

_____

9. Have you ever had a sexually transmitted disease?

Yes____ No____ List type and how many times _____
_____

10. Have you ever worked in a health care setting?

Yes____ No____ Declines to answer____

If yes, were you ever stuck or cut with a sharp object after it had contact with someone else's blood?

Yes____ No____ Declines to answer____

11. Have you ever been tattooed?

Yes____ No____ Declines to answer____

12. Have you ever had a body piercing? (ears, genitalia, tongue, nipples, etc.)

Yes____ No____ Declines to answer____

13. Have you ever been in a drug treatment program for alcohol or other drugs?

Yes____ No____ Declines to answer____

14. Have you ever you felt that you should cut down on your drinking?

Yes____ No____ Declines to answer____

15. Have people annoyed you by criticizing your drinking?

Yes____ No____ Declines to answer____

16. Have you ever felt bad or guilty about your drinking?

Yes____ No____ Declines to answer____

17. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

Yes____ No____ Declines to answer____

18. Have you ever been in combat?

Yes____ No____ Declines to answer____

If yes, which era? ____

If yes, did someone else's blood ever get on your skin?

Yes____ No____ Declines to answer____

19. Additional Comments:

SAMPLE AGENT ORANGE FOLLOW-UP LETTER
(MEDICAL PROBLEMS INDICATED)
(VIETNAM VETERANS)

(Date)
(Name/Address)

Dear:

We are happy that you have chosen to participate in the Department of Veterans Affairs (VA) Agent Orange Registry. This effort should prove to be helpful in assisting us to serve you and other veterans who are concerned about the possible health problems which might have resulted from military service in the Republic of Vietnam during the Vietnam era (between 1962 and 1975).

As discussed at the conclusion of your visit, results of your examination and laboratory tests showed certain problems (optional-- these findings may be described in lay terms). In view of these findings, we have scheduled you for treatment of these health problems on (date). If for any reason you cannot keep this appointment, please call (phone number) at the earliest possible time to cancel and reschedule.

The results of your examination will be maintained by VA. If you have any questions or concerns about your Agent Orange Registry examination, please contact the Registry Coordinator at (phone number).

If a non-VA physician subsequently evaluates you, you are encouraged to have your non-VA physician provide VA with any additional diagnoses. This information will be included in your medical record as well as the Agent Orange Registry.

Please remember that this examination does not automatically initiate a claim for VA benefits. If you wish to file a claim for compensation to establish possible service-connection, please contact your nearest VA Regional Office. In your area, the Regional Office is located at (address). Their telephone number is (phone number). VA may pay compensation for current disability due to any injury or disease that was incurred or aggravated during military service. The condition does not have to be related to combat. If you need any further assistance, you may contact a Veterans Benefits Counselor by calling the VA toll-free telephone number 1-800-827-1000 or a more recently established toll-free Helpline – 1-800-749-8387.

An outreach program has been implemented in which VA notifies all individuals listed in the Agent Orange Registry of significant VA activities, including the health consequences of military service during the Vietnam era. Since you are now automatically included in our Agent Orange Registry, you will be receiving an "Agent Orange Review" published periodically by VA's Environmental Agents Service. If you have a change of address, please contact the Registry Coordinator at this medical center.

We trust this information is helpful to you. Once again, your participation in the Agent Orange Registry is appreciated.

Sincerely,

_____(Name)_____
Agent Orange Registry Physician

**SAMPLE AGENT ORANGE FOLLOW-UP LETTER
(MEDICAL PROBLEMS INDICATED)
(VETERANS WHO MAY HAVE BEEN EXPOSED TO AGENT ORANGE OR OTHER HERBICIDES OUTSIDE OF VIETNAM)**

NOTE: *If the veterans is not eligible for Department of Veterans Affairs (VA) treatment (e.g., the veteran is not enrolled for VA health care and/or served outside of Vietnam), the following letter is recommended.*

(Date)
(Name/Address)

Dear:

We are happy that you have chosen to participate in the Department of Veterans Affairs (VA) Agent Orange Registry. This effort should prove to be helpful in assisting us to serve you and other veterans who are concerned about the possible health problems which might have resulted from military service in Korea (1968 or 1969) or during the conduct of, or as a result of testing, transporting, or spraying of herbicides for military purposes.

As discussed at the conclusion of your visit, results of your examination and laboratory tests showed certain problems (optional-- these findings may be described in lay terms). Also, the results of your examination will be maintained by VA. If you have any questions or concerns about your Agent Orange Registry examination, please contact me at (phone number).

If a non-VA physician subsequently evaluates you, you are encouraged to have your non-VA physician provide VA with any additional diagnoses. This information will be included in your medical record as well as the Agent Orange Registry.

Remember that this examination does not automatically initiate a claim for VA benefits. If you wish to file a claim for compensation to establish possible service connection, contact your nearest VA Regional Office. In your area, the Regional Office is located at (address). Their telephone number is (phone number). VA may pay compensation for current disability due to any injury or disease that was incurred or aggravated during military service. The condition does not have to be related to combat. If you need any further assistance, you may contact a Veterans Benefits Counselor by calling the VA toll-free telephone number 1-800-827-1000 or a more recently established helpline (1-800-749-8387) for Agent Orange concerns.

An outreach program has been implemented in which VA notifies all individuals listed in the Agent Orange Registry of significant VA activities, including the health consequences of military service in Korea or other locations during the conduct of, or as a result of, testing, transporting, or spraying of herbicides for military purposes. Since you are now automatically

included in our Agent Orange Registry, you will be receiving an "Agent Orange Review" published periodically

by VA's Environmental Agents Service. If you have a change of address, please contact the Registry Coordinator at this medical center.

We trust this information is helpful to you. Once again, your participation in the Agent Orange Registry is appreciated.

Sincerely,

_____(Name)_____
Agent Orange Registry Physician

SAMPLE AGENT ORANGE FOLLOW-UP LETTER (NO MEDICAL PROBLEMS) (ALL VETERANS EXPOSED TO AGENT ORANGE OR OTHER HERBICIDES)

(Date)
(Name/Address)

Dear _____:

We are happy that you have chosen to participate in the Department of Veterans Affairs (VA) Agent Orange Registry Program. This effort should prove to be helpful in assisting us to serve you and other veterans who are concerned about the possible health problems which may have resulted from exposure to Agent Orange or other herbicides during the conduct of or as a result of testing, transporting, or spraying of herbicides for military purposes.

As discussed at the conclusion of your visit, results of your examination and laboratory tests indicate that there are no detectable medical problems. At this time you have no reason to be concerned about any adverse health effects resulting from your service in (Vietnam, and/or Korea and/or other locations during the conduct of or as a result of testing, transporting, or spraying of herbicides for military purposes). However, in the future if you have a medical problem, I would encourage you to seek the help and advice of your nearest VA medical center or outpatient clinic. You may reach us at telephone number (_phone number_). You may also contact a recently established Helpline by calling 1-800-749-8387.

The results of your examination will be maintained by VA.

If a non-VA physician subsequently evaluates you, you are encouraged to have your non-VA physician provide VA with any additional diagnoses. This information will be included in your medical record as well as the Agent Orange Registry.

An outreach program has been implemented in which VA notifies all individuals listed in the Agent Orange Registry of significant VA activities, including research on the health consequences of military service in (Korea and/or the Republic of Vietnam during the Vietnam era and/or other locations during the conduct of or as a result of testing, transporting, or spraying of herbicides for military purposes.) Since you are now included in our Agent Orange Registry, you will be receiving an "Agent Orange Review" which is published periodically by VA's Environmental Agents Service. If you have a change of address, please contact the Registry Coordinator at this medical center.

We trust this information is helpful to you. Once again, your participation in the Agent Orange Registry is appreciated.

Sincerely,

_____(Name)_____
Agent Orange Registry Physician

DEFINITIONS AND ACRONYMS

1. Austin Automation Center (AAC). The AAC is the location in Austin, TX, where code sheets are collected and entered into the computerized registry.

2. Agent Orange. Agent Orange is a term used to describe a herbicide or defoliant, used in Vietnam and Korea. It was composed of two active ingredients, 2,4-D and 2,4,5-T. The name "Agent Orange" came from the orange stripe on the storage drums.

3. Agent Orange Master Record Type (MRT). The MRT is generated on microfiche by the automated Agent Orange system after processing of the code sheets (transactions) submitted by facilities to the AAC.

4. Automated Management Information System (AMIS).

5. Agent Orange Registry (AOR). The AOR is a computerized index of veteran participants, and the coded findings of the Agent Orange Program physical examinations, including related diagnostic results. This AOR is managed centrally by the Environmental Agents Service (EAS) in the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) Central Office and entered into a database by the AAC.

6. Chief of Staff (COS).

7. Consolidated Health Record (CHR). The CHR is a file containing medical records relating to patient identity, diagnosis, prognosis, or treatment at a VA health care facility.

8. Defoliant. A defoliant is a chemical preparation used to defoliate plants.

9. Defoliate. Defoliate means to lose leaves or to strip off leaves; to destroy an area of jungle, forest, etc., by chemical sprays in order to remove places of concealment of enemy forces.

10. Department of Defense (DOD).

11. Department of Veterans Affairs (VA).

12. Digital Rectal Examinations (DRE).

11. Demilitarized Zone (DMZ)

13. Dioxin. A family of chlorinated compounds produced as byproducts in the manufacture of Agent Orange herbicides (See Item 33. 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD).

14. Doctor of Osteopathy (D.O.).

15. Doctor of Medicine (M.D.).

16. DOD Form 2161, Referral for Civilian Care.

17. Environmental Agents Service (EAS). The EAS, VHA Central Office, has the responsibility to coordinate and monitor all Veterans Health Administration (VHA) activities, research and otherwise, relating to the Agent Orange issue. All policy and clinical questions relating to the potential effects of herbicides should be referred to this office. ***NOTE:*** *Questions relating to eligibility of veterans or treatment of active duty personnel should be referred to the Health Administration Service (10C3), VHA Central Office.*

18. Facility. A facility is a VA entity that provides AOR examinations to any eligible U.S. veteran who may have been exposed to dioxin or other toxic substances in a herbicide or defoliant during the conduct of, or a result of, testing, transporting or spraying of herbicides for military purposes.

19. Follow-up Examination. The follow-up examination is an examination that is performed subsequent to the initial (first) examination. Copies of code sheets for the first follow-up examinations are to be submitted to the AAC. Code sheets for subsequent follow-up examinations, if performed, do not have to be submitted to the AAC unless there is a change to the diagnosis.

20. Health Administration Service (HAS).

21. Herbicide. A herbicide is a substance or preparation used to destroy vegetation.

22. Initial Examination. The initial examination is the first physical examination provided to eligible. Completed copies of code sheets for this examination are sent to the AAC for the purpose of entering a veteran into the AOR system. The original code sheet is filed in the veteran's CHR.

23. Non-service Connected (NSC).

24. National Academy of Sciences (NAS).

25. Nurse Practitioner (NP).

26. Patient Treatment File (PTF).

27. Physician's Assistant (P.A.).

28. Porphyria Cutanea Tarda (PCT). PCT is a liver disorder characterized by thinning and blistering of the skin in sun-exposed areas.

29. Prisoner of War (POW).

30. Registry Coordinator (RC). The RC is the individual (non-physician) responsible for administrative management of the Agent Orange Program at each VA medical facility.

31. Registry Physician (RP). The RP is the physician responsible for clinical management of the Agent Orange Program at each VA medical facility.

32. Records Control Schedule 10-1 (RCS 10-1). The RCS 10-1 is a document supplying information regarding Veterans Health Administration record retention and disposition.

33. tetrachlorodibenzo-para-dioxin (TCDD)-2,3,7,8. TCDD is an abbreviation for a specific dioxin which was an impurity or contaminate, created in the manufacturing process for producing Agent Orange. This contaminate of some herbicides was used in the Republic of Vietnam, on a strip of land just south of the demilitarized zone (DMZ) and north of the Civilian Control Line in Korea, and in other locations during the conduct of or as a result of testing, transporting, or spraying of herbicides for military purposes.

34. The International Classification of Diseases - 9th Edition, Clinical Modification (ICD-9-CM). The ICD-9-CM provides standardized classification of diseases.

35. Toxicity. Toxicity is the relative or specific degree of being harmful.

36. Service connected (SC).

37. Social Security Number (SSN).

38. Form 10-9009 (July 2000), Agent Orange Registry Code Sheet. Formerly VA Form 10-9009 (January 1994).

39. VA Form 7252. The VA Form 7252, May 1989, is the transmittal form for use in shipment of tabulating data. ***NOTE:*** *VA Form 7252, May 1989 was previously numbered VA Form 30-7252.*

40. Veterans Benefits Administration (VBA).

41. Veterans Benefits Counselor (VBC).

42. Veterans Health Administration (VHA).

43. Veterans Integrated Service Network (VISN).

INSTRUCTIONS FOR COMPLETING VA FORM 10-9009 (May 2001) AGENT ORANGE REGISTRY CODE SHEET

1. General Instructions for Completing Department of Veterans Affairs (VA) Form 10-9009 (May 2001)

a. A legible copy of the original code sheet must be prepared and submitted to the Austin Automation Center (AAC), Austin, TX, in the initial and the first follow-up examinations (if required). The original code sheet is filed in the medical record after verification for correctness by the AAC. Additional follow-up examinations, as required, continue to be documented and filed in the Consolidated Health Record (CHR). A code sheet is to be prepared for the first follow-up examination with a copy submitted to the AAC. All subsequent code sheets for follow-up examinations are not to be submitted to the AAC, unless a diagnostic code differs from previously submitted code sheets. In that case, a code sheet will be prepared and submitted for entry into the Agent Orange Registry (AOR).

b. Print clearly using a BLACK ballpoint pen or a BLACK felt-tipped pen. Follow instructions carefully to ensure that all data fields are accurately completed. Enter one letter or number per block. The numeric zero must be slashed "Ø." For registry coding purposes, use the International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) codes.

(1) Part I of the code sheet is to be completed in the presence of the veteran.

(2) Part II of the code sheet is to be completed at the time of the examination by the Registry Physician (RP). A completed Part II will be returned to the coding clerks or other appropriate staff for assignment of the ICD-9-CM codes to Items 22, 28-29.

***NOTE**: Careful attention should be paid to assigning the correct code for both complaints (Item 22) and diagnosis (Items 28-29). Code 78999, for uncodable complaints (symptoms), is to be assigned only after all coding possibilities have been thoroughly explored. The indiscriminate use of 78999 may result in skewed or misleading statistics of minimal value.*

2. Instructions for Completing Part I

Item 1. Facility Number and Suffix - Blocks 2 –7. Enter facility code as listed in MP-6, Part XVI, Supplement Number 4.1, Appendix A. Use the Automated Management Information Systems (AMIS) suffix (BY, BZ, etc) to indicate your satellite facility. **Do Not Use Q, R, S.**

Item 2. Last Name of Veteran - Blocks 8-33. Beginning in Block 8, enter veteran's last name. Do not use accent marks in the name or skip blocks between the letters of the last name. Skip a block if the last name is followed with a suffix, such as JR, SR, I, II, III, etc.

Item 3. First Name of Veteran - Blocks 34-48. Beginning in Block 34, print the veteran's first name.

Item 4. Middle Name of Veteran - Blocks 49-58. Beginning in Block 49, enter veteran's middle name or initial.

Item 5. Type of Exam - Block 59. The following transaction type is to be entered in Block 59 as appropriate:

A = Initial examination. Veteran's first Agent Orange examination.

B = To delete an entire initial examination with a noted error, after it has been accepted into the registry, resubmit to AAC a copy of the original code sheet, white-out the "A" in Block 59 and replace it with a "B." At the same time submit another code sheet with the correct information with an "A." All fields must be completed on a resubmission. The code sheets may be shipped in the same batch. Examples of this usage are incorrect diagnosis, military statistics, Social Security Number (SSN), etc.

C = Follow-up examination. Veteran's second Agent Orange examination. A copy of the code sheet for first follow-up examination, or an additional registry examination must be submitted to AAC. Additional follow-up examinations, as required, must continue to be documented in the CHR. A code sheet will not be prepared or submitted to the AAC, unless a diagnostic code differs from previously submitted code sheets, then a code sheet is to be prepared and submitted for entry into the AOR.

***NOTE**: Consultations relating to the initial or first time examination are not considered follow-up examinations for the purpose of this registry.*

D = To delete an entire follow-up examination with a noted error, after it has been accepted into the registry, resubmit a copy of the original code sheet, white-out the "C" or "P" code in Block 59, replacing it with a "D." When assured that these data have been removed from the AAC registry database, submit another code sheet with the correct information with a "C" or "P" code. All fields must be completed on resubmission.

E = To submit a change in demographics (i.e., name, address, or date of birth), enter "E." Complete items with name, SSN, date of birth, and address. No other items need to be completed.

I = To include those veterans whose names are not on the AOR but who would like their names and addresses included on a mailing list for the "Agent Orange Review."

P = To include diagnoses submitted by a private physician, on the physician's letterhead paper, and signed by that physician, certifying the accuracy of the diagnoses.

X = When a registry participant has been identified and verified as being deceased, enter "X." Complete items with name, SSN, and date of birth. No other items need to be completed.

Item 6. **SSN - Blocks 60-69**

a. Shaded Block 60 is to be used **only** if a pseudo SSN is being submitted. In this event, the letter "P" is entered in Block 60. The AAC enters the pseudo SSN. Leave Block 60 blank when the actual SSN is used.

b. Beginning in Block 61 enter the veteran's actual SSN.

NOTE: *See MP-6, Part XVI, Supplement Number 41, Chapter 2, for instructions on pseudo SSN assignment.*

Item 7. Service Serial Number - Blocks 70-79. Beginning in Block 70 enter the Service Serial Number. Unused blocks remain blank. If the serial number begins with "US" Blocks 72-79 must be completed. In this instance only, fill unused block(s) with "0". If the serial number is unknown, enter a "U" in Block 70.

Item 8. **Date of Birth - Blocks 80-87.** Beginning in Block 80 enter numerical equivalent for the month, day, and four- digit year (e.g., 01/19/1950). All blocks must be completed.

Item 9. **Permanent Address**.- **Blocks 88-153**

a. **Blocks 88-113.** Beginning in Block 88 enter veteran's permanent street address.

b. **Blocks 114-139.** Beginning in Block 114 - Enter veteran's city or town.

c. **Blocks 140-144.** Enter ZIP Code of permanent residence (National ZIP Code Directory).

d. **Blocks 145-148.** Remain blank. (Future extended ZIP Code)

e. **Blocks 149-151.** Enter appropriate county code as listed in VHA Manual M-1, Part I, Chapter 18, Appendix A, or appropriate Handbook and Directive.

f. **Blocks 152-153.** Enter appropriate State code (see VHA Manual M-1, Pt. I, Chapter 18, App. A), or appropriate Handbook and Directive.

Item 10. **Race and/or Ethnicity - Block 154.** Enter one of the following codes in Block 154:

1 = American Indian or Alaskan Native
2 = Asian or Pacific Islander
3 = Black, Not of Hispanic Origin
4 = White, Not of Hispanic Origin
5 = Hispanic
6 = Unknown

Item 11. **Marital Status - Block 155.** Enter one of the following codes in Block 155:

1 = Married
2 = Divorced
3 = Separated
4 = Widowed
5 = Single, Never Married

Item 12. **Sex - Block 156.** Enter one of the following codes in Block 156:

M = Male
F = Female

Item 13. **Current status - Block 157.** Enter one of the following codes in Block 157:

1 = Inpatient
2 = Outpatient
3 = Incarcerated
4 = Active Duty, Inpatient
5 = Active Duty, Outpatient

Item 14. **Branch of Service - Block 158.** If the veteran was in one of the following branches of service, enter the appropriate code. If the veteran served in more than one branch of service, enter the latest Vietnam service. If veteran served in Korea in 1968 or 1969, or other locations during the conduct of or a result of testing, transporting, or spraying of herbicides for military purposes, enter Code 6 = Other.

1 = Army
2 = Air Force
3 = Navy
4 = Marine Corps
5 = Coast Guard
6 = Other

Item 15, 15A, and 15B. **Military Service in Vietnam, Korea and/or other locations** during the conduct of, or as a result of testing, transporting, or spraying of herbicides for military purposes. **- Blocks 159**

A. Enter one of the following codes in Block 159:

Code: 1= Vietnam

Code 2 = Korea (if in Korea in 1968 or 1969)

Code 3 = Both

Code 4 = Neither (Neither Korea or Vietnam, but other locations). ***NOTE:*** *Enter Code 4 if the veteran served in other locations during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides for military purposes. Under Item 33, "Remarks" list the site and any other details.*

B. Item 15A - Enter the numerical equivalent of the month and the last four-digit year of the longest period of service in Vietnam (e.g., from ~~0~~2/1968 to ~~0~~9/1969) or Korea (e.g., 1/1968 to 12/1969) in Blocks 160 through 171.

C. Item 15B - If the veteran had two or more periods of service in Vietnam or Korea, the second longest period of service should be entered in Blocks 172 through 183. If only one period of service in Vietnam or Korea, enter in 15A and leave 15B blank.

Item 16. **In What Corps or Area Did the Veteran Serve - Block 184-189.** Enter one of the following codes in Blocks 184-189: (Use "Y" in Block 189 (Code 6 = Other) for Korea and other locations, list area(s) under Item 33 "Remarks.").

Y = Yes, N = No or U = Unknown

(1) Block 184 = I Corps
(2) Block 185 = II Corps
(3) Block 186 = III Corps
(4) Block 187 = IV Corps
(5) Block 188 = Sea Duty
(6) Block 189 = Other (If "Y"is entered in Block 189, list the other area(s) under Item 33 "Remarks."

Item 17. **Military Units.** Enter the military unit in which the veteran served in Vietnam, and/or Korea, and/or other locations during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides for military purposes. Specify complete unabbreviated title, i.e., company, battalion, corps, ship, division, etc. (e.g., Company C, lst Battalion, 4th Army).

Items 18, 18A and 18B. Last Two Periods of Service - Blocks 190-213. Enter the numerical equivalent of the month and the four digit year of the last two periods of service if other than Vietnam or Korea (e.g., from 11/1967 to 11/1969 and 1~~0~~/1965 to 1~~0~~/1967). If the veteran did not have more than one period of service, leave 18B blank.

Items 19, 19a -19e. **Exposure to Agent Orange - Blocks 214-218.** Enter one of the following codes in Items A through E, Blocks 214-218, that most appropriately describes the veteran's exposure to Agent Orange. All blocks must be completed.

1 = Definitely yes
2 = Not sure
3 = Definitely no

A. I was involved in handling or spraying Agent Orange.
B. I was not directly sprayed, but was in a recently sprayed area.
C. I was exposed to herbicides other than Agent Orange
D. I was directly sprayed with Agent Orange.
E. I ate food or drink that could have been sprayed with Agent Orange.

Item 20. **Veteran's Health - Block 219.** Enter one of the following codes in Block 219 which best describes how the veteran perceives the veteran's own health status:

1 = Very good
2 = Good
3 = Fair
4 = Poor
5 = Very poor

3. Instructions for Completing Part II. Information coded by coding clerks or other designated personnel needs to be done in conjunction with that indicated by the RP in Part II, Items 22a-c, 28a-c, and 29.

Item 21. **Date of Exam - Blocks 220-227.** Enter the numerical equivalent for the month, day, and year (e.g., ~~0~~9/22/1986). All blocks must be completed.

Item 22. **Veteran's Complaints - Blocks 228-242 (Complaints or Symptoms)**

A. **Lines 22a-c.** - Provide a narrative of the veteran's three major symptoms or complaints. If there are none, indicate this in Blocks 228-232 by entering "78~~000~~". If the veteran's complaint is a diagnosis rather than a symptom, e.g., diabetes, annotate this under Remarks, Item 33. ***NOTE:*** *Do not include this diagnosis in this section.*

B. **Lines 22a-c - Blocks 228-242** are to be used for coding purposes. For uncodeable symptoms, use "78999" only when all other ICD-9-CM codes have been thoroughly researched and the ICD9 code book referenced. If there are no known complaints, use "78~~000~~". ***NOTE:*** *Coding must be completed by coding clerks or designated personnel.*

C. **Lines 22d.** List any additional complaints that are not listed in 22 a-c. No ICD-9-CM codes are required.

Item 23. **Chief Complaint - Block 243.** Enter one of the following codes if the veteran attributes chief complaint to Agent Orange Exposure: Y = Yes N = No U = Unknown

Item 24. **Number of Complaints - Blocks 244-245.** Enter the total number of complaints the veteran has indicated. This number does not have to correlate to the three complaints described in Item 22. If the veteran has no complaints, enter a "~~0~~" and make certain that "78~~000~~" is entered in Item 22a, Blocks 228-232.

Item 25. Evidence of Birth Defects among the Vietnam Veteran's Children - Blocks 246-267 (FOR THOSE VETERANS WHO SERVED OUTSIDE OF VIETNAM COMPLETE ITEM 25A AND THEN GO TO ITEM 26. DO NOT COMPLETE ITEMS 25B THROUGH 25K.)

Item 25A. **How many children does veteran have? - Blocks 246-247.** Enter the number of children the veteran has in Blocks 246-247. If none, enter slash zeros and go to Item 26.

Item 25B. **How many of these children were born before the veteran's military service in the Republic of Vietnam? Blocks 248-249.** in Blocks 248-249. If none, enter slash zeros and go to Item 25G.

Item 25C. How many of the children born before the veteran's military service in the Republic of Vietnam showed evidence of spina bifida? Blocks 250-251. Enter the number of children born before the veteran's military service in the Republic of Vietnam who showed evidence of spina bifida in Blocks 250-251. If none, enter slash zeros and go to Item 25E.

Item 25D. **State mother's age at conception of first child conceived before the veteran's military service in the Republic of Vietnam showing evidence of spina bifida**. **Blocks 252-253.** If a veteran has a child (ren) conceived before the veteran's military service in the Republic of Vietnam who showed evidence of spina bifida (Item 25C), enter the mother's age at conception of the first child with spina bifida in Blocks 252-253.

Item 25E. **How many of the children born before the veteran's military service in the Republic of Vietnam showed evidence of other birth defects? Blocks 254-255.** Enter the total number of children born before the veteran's military service in the Republic of Vietnam who showed evidence of other birth defects in Blocks 254-255. If none, enter slash zeros and go to Item 25G.

Item 25F. **State mother's age at conception of first child conceived before the veteran's military service in the Republic of Vietnam showing evidence of other birth defects**. **Blocks 256-257.** If the veteran has a child or children conceived before the veteran's military service in the Republic of Vietnam who showed evidence of other birth defects (Item 25E), enter the mother's age at conception of the first child conceived with birth defects in 256-257.

Item 25G. **How many children were born during or after the veteran's military service in the Republic of Vietnam? Blocks 258-259.** Enter the total number of children that were born during or after the veteran's military service in the Republic of Vietnam in Blocks 258-259. If none, enter slash zeros and go to Item 26.

Item 25H. **How many of these children born during or after the veteran's military service in the Republic of Vietnam showed evidence of spina bifida? Blocks 260-261.** Enter the total number of children born during or after the veteran's military service in the Republic of Vietnam who showed evidence of spina bifida in Blocks 260-261. If none, enter slash zeros, and go to Item 25J.

Item 25I. State mother's age at conception of first child conceived during or after the veteran's military service in the Republic of Vietnam showing evidence of spina bifida. Blocks 262-263. If veteran has a child or children born during or after the veteran's military service in the Republic of Vietnam who showed evidence of spina bifida (Item 25H), enter the mother's age at conception of first child showing evidence of spina bifida in Blocks 262-263.

Item 25J. **How many of the children born during or after the veteran's military service in the Republic of Vietnam showed evidence of other birth defects? Blocks 264-265.** Enter the total number of children born during or after the veteran's military service in the Republic of Vietnam who showed evidence of other birth defects in Blocks 264-265. If none, enter slash zeros and go to Item 26.

Item 25K. **State mother's age at conception of first child conceived during or after the veteran's military service in the Republic of Vietnam showing evidence of other birth defects**. **Blocks 266-267.** If a veteran has a child or children born during or after the veteran's military service in the Republic of Vietnam who showed evidence of other birth defects (Item 25J), enter the mother's age at conception of first child showing evidence of other birth defects in Blocks 266-267.

Item 26. **Diagnostic Workup and/or Consultation - Blocks 268-275.** Enter one of the following codes in Blocks 268-275 - all blocks must be completed:

1 = No workup. No consultation done.
2 = Work-up and/or consultation done. Diagnosis undetermined.
3 = Work-up and/or consultation done. Diagnosis established.
4 = Work-up and/or consultation done. No diagnosis.
5 = Work-up and/or consultation in process. When consultation results have been received, submit follow-up examination code sheet to the AAC within 3 months, stating the work-up and/or consultation is done using Code 2, 3, or 4.
6 = Work-up and/or consultation scheduled – the veteran did not call nor appear for the appointment, was a no-show.

NOTE: *Code 2 = "Diagnosis undetermined" relates to a veteran with symptoms but a diagnosis cannot be determined. Code 4 = "No diagnosis" relates to a veteran without symptoms, who does not have any evidence of illness or other medical condition.*

Item 26A. Dermatology. **Block 268**

Item 26B. **Pulmonary.** **Block 269**

Item 26C. Reproductive Health. **Block 270**

Item 26D. **Hematology and/or Oncology.** **Block 271**

Item 26E. **Urology.** **Block 272**

Item 26F. Neurology. **Block 273**

Item 26G. ENT. **Block 274**

Item 26H. Other. **Block 275**

NOTE: *Enter either Y=Yes or N= No in Block 275. If "Yes," describe under Item 27.*

Item 26 I. Hepatitis C Testing. With patient's consent and consistent with the standards for provider evaluation and testing provided in Appendix A.

Use the following codes in Block 276:

P = Positive
N = Negative
X = No Test Performed

Item 27. Additional Work-ups and/or Consultations. Specify any additional work-ups and/or consultations performed as part of Agent Orange examination which were not listed in Item 26.

Item 28. Diagnosis - Blocks 277-291

A. Provide a narrative of up to three major medical diagnoses on lines 28A-C. Use Blocks 293-297, Item 29, for one case of neoplasia and Blocks 277-291 for any additional cases of neoplasia.

B. Blocks 277-291 are to be used for ICD-9-CM coding of each diagnosis listed. Leave blank if there is no diagnosis. ***NOTE:*** *Diagnostic coding assignment must be completed by coding clerks or designated personnel.*

Item 29. Evidence of Neoplasia - Block 292. Enter one of the following codes:

Y = Yes
N = No

NOTE: *If yes, ICD-9-CM codes should be listed in Blocks 293-297. Additional cases of neoplasia may be listed under Item 28, Blocks 277-291.*

Item 30. No Disease Found - Block 298. If no disease is found, enter a "1" in Block 298. Otherwise, leave this block blank. This item must be considered in conjunction with Item 28, "Diagnosis," and 29, "Evidence of Neoplasia." A "1" should be entered for Item 30 only when no diagnosis is given in Item 28 and 29.

Item 31. Years of Onset - Blocks 299-314. For each listed diagnosis in Item 28, enter the four digits of the year of onset; leave blank if year of onset is unknown.

Items 32a-g. Disposition - Blocks 315-321. Enter one of the following codes in Items 32A through 32G, Blocks 315-321, all blocks must be completed:

Y = Yes
N = No

A. Examination completed?
B. Hospitalized at VA medical center for further tests?
C. Hospitalized at VA medical center for treatment?
D. Referred for VA outpatient care?
E. Referred to private physician, non-VA clinic or non-VA hospital?
F. Biopsy?
G. Specimens to be sent to Armed Forces Institute of Pathology (AFIP)?

NOTE: *If the veteran has no diagnoses (Items 28-29) and has answered "Yes" under Item 32 (Disposition) in Blocks 317, 318 or 319, explain why in Item 33, "Remarks."*

Item 33. Remarks - Block 322. Utilize this section for any additional information. Indicate whether you have made any remarks by entering one of the following codes in Block 322:

Y = Yes
N = No

Item 34. **Name of Examiner** - Print full name.

Item 35. Title of Examiner - Full title of Examiner.

Item 36. **Signature of Examiner** - Signature of clinician who conducted exam.

Item 37. Signature of RP. If the examiner is not the RP (Item 36), this signature block must be completed by the RP.

4. Follow-up Examinations

a. In addition to initial registry submissions, VA Form 10-9009 (May 2001), will be completed in reporting the first follow-up examination, and subsequent follow-up examinations if the diagnostic code is different from the previous examinations as follows:

Items 1 through 13 - these Control Data must be completed.

Items 14 through 20 - no entry.

Item 21 - must be completed.

Items 22 through 33 - may be blank unless there is follow-up data to report in any of these items.

Items 34 through 36 - must be completed.

b. When the follow-up examination is documented on the revised code sheet VA Form 10-9009 (May 2001), for a veteran who previously received an initial and/or follow up examination (i.e., recorded on the previous code sheets 1979 through 1994), every attempt should be made to obtain and record the information to complete Items 14 through 20.

SAMPLE OF COMPLETED VA FORM 10-9009 (May 2001)
AGENT ORANGE CODE SHEET

Below is an embedded copy of VA Form 10-9009. This form can also be found on the VHA Forms Intranet at http://vaww.va.gov/forms/medical/searchlist.asp. Since this can be used for local reproduction, it has not been completed.


10-9009.pdf

INSTRUCTIONS FOR PROCESSING CODE SHEETS

1. Submission of VA Form 10-9009 (May 2001), Agent Orange Registry Code Sheet, to the Austin Automation Center (AAC). Completed, legible copies of code sheets are submitted to the AAC to be entered into the Agent Orange Registry (AOR). Code sheets should be thoroughly reviewed to ensure all the required fields are completed. No medical record documentation is to be attached to these code sheets.

2. Batching of Code Sheets

a. Code sheets should be stapled in the upper-left hand corner. Completed code sheets are to be batched in groups of no more than 25. Divisions of a consolidated facility must keep submissions separate, i.e., each batch includes the code sheets from only one facility.

b. Corrected code sheets do not have to be batched separately. They can be mailed with the regular code sheets, as long as they are from the same facility.

c. If a veteran has had two examinations within the same mailing period; that is, an initial and follow-up examination, only the initial examination code sheet is to be submitted in the batch. Hold the follow-up examination code sheet until it is certain the AAC has processed and accepted the initial examination code sheet. ***NOTE:*** *If submitted simultaneously, an error message may occur (see par. 6).*

3. Transmittal Form

a. Two copies of the VA Form 7252, Transmittal Form for the Use in Shipment of Tabulating Data, must accompany each batch of code sheets. One copy is retained by the AAC and the other copy will be returned to the transmitting facility to confirm receipt.

b. If there were no exams and/or code sheets processed for the month, negative reports or transmittal forms are not required.

c. Completion of VA Form 7252 is as follows (see sample App. G):

Item 1. Addressee - Department of Veterans Affairs, Austin Automation Center (200/397A), 1615 Woodward Street, Austin, TX 78772-0001, ATTN: Input/Data Entry Contract Control/VADS Function.

Item 2. Facility Name and Address - Enter facility name and address.

Item 3. Reply Reference - Enter facility number and routing symbol.

Item 4. Leave blank.

Item 5. Number of packages - Enter number of batches.

Item 6. Dispatch Date - Enter date submitting to the AAC.

Item 6a. Final Batch - Leave blank.

Item 7. Official Responsible for Shipment - Enter name, title and telephone number, of individual responsible for transmitting code sheets to the AAC.

Item 8. Tabulating Data.

Column A. Leave blank.

Column B. Job Number. Enter "10" in first segment and "20A1" in second segment.

Column C. Description. first line enter "AGENT ORANGE," second line enter "Facility Number," third line enter "Month Ending," fourth line enter "Batch Number," and fifth line enter "Code Sheet Count," and sixth line enter "Cumulative Count" (for calendar year).

Columns D and E. Leave blank.

Item 9. Remarks. Enter "VA Form 10-9009's," and provide breakdown of "code sheet count" on Line 5, for example: initial (Type A), follow-up (Type C), and /or deceased (Type X), etc.

4. Control Log

a. An Agent Orange control log must be established and maintained at each facility. As batches are prepared for submission to the AAC, an entry is to be made on the batch control log. Using the control log, assign the appropriate number and record it on the transmittal form. Begin with batch number ~~00~~1 for January of each year and continue with sequential numbers throughout the year, i.e., if there are 50 code sheets to be submitted to the AAC during the month of January, two batches will be prepared with the control log numbers 001 and 002.

b. The control log consists of the following:

(1) Facility code number;

(2) Batch number assigned sequentially by facility beginning with 001 in January of each year (also, to be recorded on transmittal sheet);

(3) Number of code sheets in the batch (also, to be recorded on transmittal sheet);

(4) Date the batch (es) was (were) mailed to the AAC; and

(5) Date the batch(es) and associated edit output was (were) returned from the AAC.

5. Mailing

a. Code sheets will be submitted to the AAC monthly according to the following schedule:

VISNS	Mailing Date
1-5	6th of month
6-13	10th of month
14-17	14th of month
18-22	18th of month

b. The mailing address for the AAC is:

Department of Veterans Affairs
Austin Automation Center
1615 Woodward Street
Austin, TX 78772-0001
ATTN: Input/Data Entry Contract Control/VADS Function

c. The AAC processes the data from the code sheets twice monthly (10th and 25th). The AAC will return all rejected code sheets with the printout "Transaction Report – Invalid Transactions" to the transmitting facility. Code sheets that are correct and entered into the AOR dataset will not be returned to VA facilities, a printout will be returned to the facility entitled, "Transaction Report – Part I – Valid Transactions" identifying the code sheets that were accepted and entered into the AOR dataset. ***NOTE:*** *Rejected Code sheets are to be corrected and returned to the AAC within 10 working days following receipt from the AAC.*

NOTE: *It is not appropriate to call the AAC in regard to questions on code sheet completion or correction. These questions should be referred to the Registry Coordinator (131), VHA Central Office, at 202-273-8463.*

6. Transaction Reports

a. A computerized printout "Transaction Report – Part I – Valid Transactions" is returned by the AAC to the transmitting facility listing the veteran's last name, first name, middle initial, Social Security Number, type and date of examination. Since these code sheets were valid and data entered into the AAC registry, the code sheets will not be returned to the facility of origin. This printout may include the following information:

(1) "Message – Transaction accepted, initial examination already established at (facility number); transaction will be processed as a follow-up examination for your facility."

(2) Action. This code sheet does not have to be resubmitted to the AAC. It has been accepted as a follow-up examination. Indicate facility number where initial examination was

obtained on computerized or card file. Also, the cumulative number of examinations in the monthly statistical report must be adjusted accordingly.

b. A computerized printout entitled "Transaction Report – Part II – Invalid Transactions" is returned to the transmitting facility with the rejected code sheets. These printouts will list the veteran's last name, first name, middle, initial, Social Security Number, type and date of examination and describe the rejected or invalid field name, code sheet location, data, reason for rejection and fields to verify with any additional explanatory information. ***NOTE****: Facilities are to verify the number of code sheets sent to the AAC against the Transaction Reports.*

c. Invalid or rejected code sheets where data has not been entered into the dataset are to be corrected as follows:

(1) White-out the incorrect entries and enter the correct data with RED pen or RED felt-tipped pen; or

(2) Prepare a new code sheet with the corrections in the appropriate field(s). If a new code sheet is prepared for the return of a correction, do not complete just the corrected field(s), complete all of the fields as if it were an initial input.

b. Examples of the messages on the "Transaction Report – Part II – Invalid Transaction:"

(1) **"Rescinded VA Form 10-9009 (July 2000), no longer valid."** Use Revised VA Form 10-9009 (May 2001).

(2) **"Required entry not made."**

(3) **"Response must be either a "Y," "N," or "U."**

(4) **"Response must be either a "M" or "F."**

(5) "**ZIP Code is invalid for State."**

(6) **"Duplicate Follow-up Segment."** Action. This message appears if the examination date on the code sheet submitted on the veteran is identical to an examination date already existing in the registry. There is the possibility of a coding or entry error. Examination date is to be verified using the computerized log, the veteran's medical record, or the AAC printouts. If there is a duplicate record, it needs to be deleted by submitting a code sheet in accordance with instructions for deleting a record (see App. E).

(7) **"No Matching Initial Examination."** Action. When deletion of an initial examination record in the registry is attempted, the code sheet submitted with a type "B" must have the identical information as on the original record previously accepted into the registry; otherwise, the deletion process cannot be carried out. Correct the code sheet and resubmit to the AAC within 10 working days.

7. Master File List

a. **Hard Copy Reports.** On a monthly basis, the AAC provides all facilities with a computerized printout entitled "Examination of Agent Orange Veterans by Facility with Initial and Follow-up Examinations." This is a listing of all veterans who have been examined and accepted into the automatic registry system from each submitting facility. This AAC-generated list will assist in the verification of veterans who have been accepted into the system from each facility. This list contains the following information:

(1) Veteran's full name,

(2) Social Security Number,

(3) Date of examination, and

(4) Type of examination (initial and/or follow-up).

b. **Electronic Reports.** If access to a computer and printer is available, there are two preferable electronic options that should be used for online viewing of the bimonthly cycles of the Agent Orange Registry (AOR).

(1) Direct computer access to AAC Roger Software Development (RSD) for online report viewing and management software; or

(2) Intranet access to the AAC's RSD Extended Output Solution (EOS) Application Program Interface (API) software that allows Intranet access to reports stored on the RSD spools. This is not a change to RSD; it is only a new method for accessing the RSD reports. This user-friendly access provides a Graphical User Interface (GUI) environment with "point and click" access to reports and allows the end user to take advantage of other PC functions while viewing their reports.

(3) Access to the AAC's RSD must be authorized. VA Form 9957, ACRS Time Sharing Request, must be completed by the Registry Coordinators or Physicians requesting access to the RSD. For further instructions, contact either the AAC (512-326-6481) or EAS (212-273-8463 or 8465)

SAMPLE OF COMPLETED VA FORM 7252, TRANSMITTAL FORM FOR USE IN SHIPMENT OF TABULATING DATA

An electronic version of the Department of Veterans Affairs (VA) Form 7252 may be found on the VA Forms Intranet at http://vaww.va.gov/forms